

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2001 8:00 am
Secretary of State

06-07-2001 90004 029 ***158.75

DOCUMENT # 637676

1. Entity Name

RAMON GUILLEN PLUMBING, CORP.

Principal Place of Business 9500 NW 12 STREET BAY 1 MIAMI FL 33172 US	Mailing Address 9500 NW 12 STREET BAY 1 MIAMI FL 33172 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 9550 N.W 12 ST	3. Mailing Address 9550 N.W 12 ST
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4. Suite, Apt. #, etc. #16A	5. Suite, Apt. #, etc. #16A
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6. City & State MIAMI FL.	7. City & State MIAMI FL.
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4. FEI Number 59-1939115	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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8. Zip 33172	9. Country MIAMI-DADE	10. Zip 33172	11. Country MIAMI-DADE
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GUILLEN, RAMON
4305 SW 152 AVENUE
HOLLYWOOD FL 33027

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: *Ramon Guillen* **RAMON GUILLEN** **4-25-01**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUILLEN, RAMON 4305 SW 152 AVENUE MIRAMAR FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowers.

SIGNATURE: *Ramon Guillen* **RAMON GUILLEN** **4/25/01** **305-436-8060**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/00)